

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/1980-824 FILING DATE

APPLICANT(S)

11/29/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.	1		1			
2.	1		1			
3.	2		1			
4.	(1)					
5.	(3)		1			
6.	(1)					
7.	(1)		1			
8.	(8)		1			
9.					1	
10.					1	
11.						
12.					1	
13.					1	
14.					1	
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TOTAL IND.			1		2	
TOTAL DEP.			8		7	
TOTAL CLMNS			9		9	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51.								
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TOTAL IND.			1		1			
TOTAL DEP.			8		7			
TOTAL CLMNS			9		9			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS